ETITIC	ON FOR EXTENSION OF	TIME UNDER 37 (CFR 1.136(a)	Docket Number (Optional) 32307-167197
	**************************************	In re Application of	Koichi TAKIGUCH	II et al.
		Application Number 09/688,933 Filed October 17, 2000		
,		For DISPERSION	SLOPE EQUALIZE	₹
		Group Art Unit	Examiner	
		2516	Hahn PHAN	
	s a request under the provisions in the above identified a		(a) to extend the pe	nod for filing a
The re	equested extension and appl k time period desired):	•	tity fee are as follow	vs
(CiteC	One month (37 CFF	3 1 17(a)(1))		\$
	☐ Two months (37 CF			\$
	☐ Three months (37 (\$ <u>980.00</u>
	☐ Four months (37 C	* * * * * * * * * * * * * * * * * * * *		\$
	Five months (37 Cl			\$
	Applicant claims small enti	ty status. See 37 CF	R 1.27. Therefore,	the fee amount shown
_	above is reduced by one-h	-		
	A check in the amount of t			
 Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fee 				thie
	application to a Deposit A		to charge lees in	u 115
	The Commissioner is hereby authorized to charge any fees which may be required,			
	or credit any overpayment, to Deposit Account Number 22-0261.			
	I have enclosed a duplica	te copy of this sheet.		
I am t	ne applicant/inventor.			
	assignee of record of the entire interest. See 37 CFR 3.71			
	Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
	attorney or agent of record.			
	☑ attorney or agent under 37 CFR 1.34(a).			
	Registration number if a	icting under 37 CFR 1.34(a). <u>41,289</u> .	
	RNING: Information on this noticed and the contraction on the contraction of the contract			

Date

Signature

Michael A. Sartori, Ph.D.

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.



SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. ::ODMA\PCDOCS\DC2DOCS1\598605\1

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